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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10/089703**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/													
2		/		/												
3		2		/												
4		0		/												
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49																
50																
TOTAL D.	2		2													
TOTAL F.	24		22													
TOTAL AIMS	26		24													
TOTAL IND.																
TOTAL DEP.																
TOTAL CLAIMS																